

ORIGINAL FILED WITHIN 3 DAYS AFTER BIRTH

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 136	
County of <u>Gila</u>	District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH	
Town of _____ or City of <u>Globe</u>		Co. Registrar's No. <u>416</u>	
(No. _____ St. _____ Ward _____)		Local Registrar's No. _____	
FULL NAME OF CHILD <u>Olnie Vivian Keese</u>		{ Born } YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		{ Alive } <u>NO</u>	
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and { Number in order of birth _____	Legitimate <u>Yes</u>
Date of Birth <u>August 4, 1921</u>		Month _____ Day _____ Yr. _____	
Full Name <u>FATHER</u>		Full Maiden Name <u>MOTHER</u>	
<u>Olnie Thomas Keese</u>		<u>J. Beatrice McCraw</u>	
Residence <u>Globe Arizona</u>		Residence <u>Globe Arizona</u>	
Color or Race <u>White</u>	Age at last Birthday <u>26</u> Years	Color or Race <u>White</u>	Age at last Birthday <u>22</u> Years
Birthplace <u>Duncan Arizona</u>		Birthplace <u>Texas</u>	
Occupation <u>Chauffeur</u>		Occupation <u>Housewife</u>	
Number of child of this Mother <u>3</u>		Number of Children, of this mother, now living <u>3</u>	
Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>August 4, 1921</u> , at <u>5:30</u> A.M.			
{ *When there is no attending physician or midwife, then the householder should make this return. }		Signature <u>G. E. Wrightman</u>	
		Attending physician, midwife, householder.*	
Given or Christian name added from a supplemental report _____ 191__		Address <u>Globe Arizona</u>	
<u>625-804-146</u>		Filed <u>Aug 13</u> 1921	
COUNTY REGISTRAR.		LOCAL REGISTRAR.	
		Filed <u>Sept 5</u> 1921	
		COUNTY REGISTRAR.	